Plumbing Permit Application

Oak Park

Building & Property Standards Department

The Village of Oak Park
123 Madison Street
Oak Park, Illinois 60302-4272
www.oak-park.us

708.358.5430
Fax 708.358.5441
TTY 708.383.0048
building@oak-park.us

Address/Owner Information **All Fields with Asterisks are Required**

Project Address Unit No.

Property Index Number

Property/Building Owner's Name

Property/Building Owner's Phone Number ( )

Property/Building Owner's Cell Phone Number ( )

Property/Building Owner's Mailing Address

Property/Building Owner's Email

Type of Work

- ☐ New Construction
- ☐ Addition/New Living or Work Space
- ☐ Remodel Existing Finished Space
- ☐ Repair

Type of Structure

- ☐ Single-Family
- ☐ Townhouse
- ☐ Two-Family
- ☐ Three-Family
- ☐ Four-Family or More
- ☐ Commercial
- ☐ Garage *(Residential Parking)*
- ☐ Other *(Describe)*

Building is a--

	Yes	No
condominium?	☐	☐
mixed-use building?	☐	☐

Project Details

Quantity of Plumbing Fixtures *(Added and Modified)*

☐ Check this box if fixtures are only being removed and replaced in the same location (no piping except final water and drain connections.)

Size of New/Upgraded Water Service

Size of New/Upgraded Sewer

Note--Sewers are not required to be installed by a state licensed Plumbing Contractor.

NOTE–A Water Service Upgrade Worksheet must accompany this application if any part of a water service, including the meter, is upgraded or newly installed.
Also, if any scope of the work requires an opening to be made in the public right-of-way, a separate Opening Permit must be obtained before the Plumbing Permit will be issued.

Project Description

Plans are--

- ☐ submitted prior to this application
- ☐ being provided with this application
- ☐ not being provided

Contractor Information

Provide the Oak Park or State license/ registration number of the company/person

*☐Plumbing Contractor's Company Name OR
☐Irrigation Contractor's Company Name* *(Check as applicable)*

Sub-Contractor's Company Name

Scope of Work Performed by Sub-Contractor

I, the undersigned, certify that I have proper authority to apply for this Plumbing permit and that all the information contained on this application is true and accurate to the best of my knowledge.

Applicant's Signature | *Applicant's Printed Name* | *Date of Application*

Applicant is– ☐ Building/Property Owner listed above ☐ Owner of Company listed above ☐ Employee of Company listed above
☐ Other–(describe)

Office Use Only

Case Number PLM Received by: Received Date:

Form version date: 9/8/2009